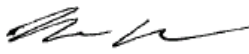


<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 10			
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-15-D-0056			2. DELIVERY ORDER/ CALL NO. 0001		3. DATE OF ORDER/CALL (YYYYMMDD) 2015 Apr 30		4. REQ./ PURCH. REQUEST NO. 1300495444			5. PRIORITY			
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC A. KING, CODE 22560, 619-553-5829 ANGELA.KING@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5002			CODE N66001		7. ADMINISTERED BY (if other than 6) DCMA MANASSAS 14501 GEORGE CARTER WAY, 2ND FLOOR CHANTILLY VA 20151			CODE S2404A				8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)	
9. CONTRACTOR CODE 6KKN1  SOFTPOWER, LLC DUNS #: 969933899 3050 CHAIN BRIDGE ROAD, SUITE 420 FAIRFAX VA 22030-2834			FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>			11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Section G			
					12. DISCOUNT TERMS Net 30								
					14. SHIP TO SSC PACIFIC C4ISR DEPARTMENT 2293 VICTOR WHARF ACCESS ROAD PEARL CITY HI 96782-3356			CODE H4HB0		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPS P.O. BOX 182264 COLUMBUS OH 43218-2264			CODE HQ0338
16. TYPE OF ORDER		DELIVERY/ CALL		<input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
		PURCHASE				Reference your quote dated Furnish the following on terms specified herein. REF: 1							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE				DATE SIGNED (YYYYMMDD)	
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1													
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE													
See Schedule													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA TEL: 619-553-1356 EMAIL: bryan.mansfield@navy.mil BY: Bryan F Mansfield						25. TOTAL \$221,765.15	
27a. QUANTITY IN COLUMN 20 HAS BEEN						CONTRACTING / ORDERING OFFICER				26. DIFFERENCES			
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED													
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment.						31. PAYMENT				34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.			

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 10									
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. <b>N66001-15-D-0056</b>			2. DELIVERY ORDER/ CALL NO. <b>0001</b>		3. DATE OF ORDER/ CALL (YYYYMMDD) <b>2015 Apr 30</b>		4. REQ./ PURCH. REQUEST NO. <b>1300495444</b>		5. PRIORITY										
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC A. KING, CODE 22560, 619-553-5829 ANGELA.KING@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5002			CODE <b>N66001</b>		7. ADMINISTERED BY (if other than 6) DCMA MANASSAS 14501 GEORGE CARTER WAY, 2ND FLOOR CHANTILLY VA 20151			CODE <b>S2404A</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)									
9. CONTRACTOR SOFTPOWER, LLC DUNS #: 969933899 NAME AND ADDRESS 3050 CHAIN BRIDGE ROAD, SUITE 420 FAIRFAX VA 22030-2834			CODE <b>6KKN1</b>		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED										
12. DISCOUNT TERMS Net 30							13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Section G												
14. SHIP TO SSC PACIFIC C4ISR DEPARTMENT 2293 VICTOR WHARF ACCESS ROAD PEARL CITY HI 96782-3356			CODE <b>H4HB0</b>		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPS P.O. BOX 182264 COLUMBUS OH 43218-2264			CODE <b>HQ0338</b>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">16. TYPE OF ORDER</td> <td style="width: 10%; padding: 5px;">DELIVERY/ CALL</td> <td style="width: 5%; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">PURCHASE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Reference your quote dated Furnish the following on terms specified herein. REF: 1</td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.		PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF: 1
16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.																
	PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF: 1																
<p style="text-align: center;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Softpower, LLC</td> <td style="width: 30%; text-align: center;"></td> <td style="width: 30%; text-align: center;">Melissa A. Longo, Sr. Director of Contracts</td> <td style="width: 10%; text-align: center;">5-1-15</td> </tr> <tr> <td style="text-align: center;">NAME OF CONTRACTOR</td> <td style="text-align: center;">SIGNATURE</td> <td style="text-align: center;">TYPED NAME AND TITLE</td> <td style="text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> </table> <p><input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: <b>1</b></p>												Softpower, LLC		Melissa A. Longo, Sr. Director of Contracts	5-1-15	NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
Softpower, LLC		Melissa A. Longo, Sr. Director of Contracts	5-1-15																
NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)																
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  <b>See Schedule</b>																			
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT									
		<b>SEE SCHEDULE</b>																	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA TEL: EMAIL: BY:			25. TOTAL \$221,765.15		26. DIFFERENCES									
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED																			
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE											
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS									
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR									
36. I certify this account is correct and proper for payment.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER									
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.									
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.									

## Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001			Lite		\$221,765.15
	SERVICES				
	CPFF				
	Base period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, severable type task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: 1300495444				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	\$221,765.15
	ACRN AA				\$221,765.15
	CIN: 130049544400001				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003			Lite		NSP
	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 1 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, severable ype task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0007			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 2 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, severable type task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 3 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, severable type task order. The required level of effort is 5(b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 4 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, severable type task order. The required level of effort is 5(b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0015			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

CLAUSES INCORPORATED BY FULL TEXT

**5252.216-9201 PAYMENT OF FIXED FEE BASED ON STAFF-HOURS (TERM TYPE) (NOV 2003)**

The fixed fee for work performed under this contract is (b)(4) – Base, (b)(4) – Opt. (b)(4) – Opt. 2, (b)(4) – Opt. 3 and (b)(4) – Opt. 4, *provided* that not less than (see Contract Line Items in Section B) staff-hours of direct labor are so employed on such work by the Contractor. If substantially less than (see Contract Line Items in Section B) staff-hours of direct labor are so employed for such work, the fixed fee shall be equitably reduced to reflect the reduction of work. The Government shall make payments to the Contractor when requested as work progresses, but not more frequently than biweekly, on account of the fixed fee, equal to (b)(4) percent of the amounts invoiced by the Contractor under the “Allowable Cost and Payment” clause hereof for the related period, subject to the withholding provisions of paragraph (b) of the “Fixed Fee” clause provided that the total of all such payments shall not exceed eighty-five percent (85%) of the fixed fee. Any balance of fixed fee due the contractor shall be paid to the Contractor, and any overpayment of fixed fee shall be repaid to the Government by the Contractor, or otherwise credited to the Government, at the time of final payment.

(End of clause)

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government
0003	Destination	Government	Destination	Government
0004	Destination	Government	Destination	Government
0006	Destination	Government	Destination	Government
0007	Destination	Government	Destination	Government
0009	Destination	Government	Destination	Government
0010	Destination	Government	Destination	Government
0012	Destination	Government	Destination	Government
0013	Destination	Government	Destination	Government
0015	Destination	Government	Destination	Government

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 01-MAY-2015 TO 30-APR-2016	N/A	SSC PACIFIC C4ISR DEPARTMENT 2293 VICTOR WHARF ACCESS ROAD PEARL CITY HI 96782-3356 (808) 471-4034 FOB: Destination	H4HB0
0003	POP 01-MAY-2015 TO 30-APR-2016	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	H4HB0
0004	N/A	N/A	N/A	N/A
0006	N/A	N/A	N/A	N/A
0007	N/A	N/A	N/A	N/A
0009	N/A	N/A	N/A	N/A
0010	N/A	N/A	N/A	N/A
0012	N/A	N/A	N/A	N/A
0013	N/A	N/A	N/A	N/A
0015	N/A	N/A	N/A	N/A



## Section G - Contract Administration Data

## ACCOUNTING AND APPROPRIATION DATA

AA: 97X4930 NH3P 252 77777 0 050120 2F 000000

COST CODE: A00002852183

AMOUNT: \$221,765.15

CIN 130049544400001: \$221,765.15

## CLAUSES INCORPORATED BY FULL TEXT

252.204-0002 LINE ITEM SPECIFIC: SEQUENTIAL ACRN ORDER. (SEP 2009)

The payment office shall make payment in sequential ACRN order within the line item, exhausting all funds in the previous ACRN before paying from the next ACRN using the following sequential order: Alpha/Alpha; Alpha/numeric; numeric/alpha; and numeric/numeric.

(End of clause)

**5252.201-9201 DESIGNATION OF CONTRACTING OFFICER'S REPRESENTATIVE (MAR 2006)**

(a) The Contracting Officer hereby appoints the following individual as Contracting Officer's Representative(s) (COR) for this contract/order:

CONTRACTING OFFICER REPRESENTATIVE

Name: (b)(6)

Code: H0001

E-mail: (b)(6)

(b) It is emphasized that only the Contracting Officer has the authority to modify the terms of the contract, therefore, in no event will any understanding agreement, modification, change order, or other matter deviating from the terms of the basic contract between the Contractor and any other person be effective or binding on the Government. When/If, in the opinion of the Contractor, an effort outside the existing scope of the contract is requested, the Contractor shall promptly notify the PCO in writing. No action shall be taken by the Contractor unless the Procuring Contracting Officer (PCO) or the Administrative Contracting Officer (ACO) has issued a contractual change.

**ENTERPRISE CONTRACTOR MANPOWER REPORTING APPLICATION (ECMRA)**

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Space and Naval Warfare Systems Command

(SPAWAR) via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address <https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <http://www.ecmra.mil/>.

For purposes of ECMRA reporting, the Federal Supply Code / Product Service Code applicable to this contract/order is M1GZ.

## Section J - List of Documents, Exhibits and Other Attachments

SECTION J

DOCUMENT TYPE	DESCRIPTION	PAGES	DATE
Attachment 1	Performance Work Statement	4	
Exhibit A	DD Form 1423, Contract Data Requirements List	1	23 APR 2015